

730 Topeka
P.O. Box 287
Lyndon, KS 66451-0287
Phone: 785 828-3146



Permit #: _____
Fee: \$ 50.00

**SPECIAL USE PERMIT
APPLICATION**
Board of Zoning Appeals

Date Paid: _____

For Office Use Only

Date Advertised: _____ City Council Action: _____
Date Notices Sent: _____ BZA Recommendation: _____
Public Hearing Date: _____ Resolution No: _____

This application must be turned in to the City Clerk at least twenty-five (25) days prior to the Planning & Zoning Commission meeting. The Planning Commission meets on the first Monday of every month.

APPLICANT: _____ PHONE: _____
ADDRESS: _____ ZIP: _____

PROPERTY OWNER: _____ PHONE: _____
ADDRESS: _____ ZIP: _____

ADDRESS OF PROPERTY: _____

LEGAL DESCRIPTION (Please use the legal description off property deed):

SURROUNDING LAND USE AND ZONING:

	<u>Land Use</u>	<u>Zoning</u>
North	_____	_____
South	_____	_____
East	_____	_____
West	_____	_____

Present Use of Property: _____

Proposed Use of Property: _____

Utility lines or easements that would restrict proposed development: _____

PLEASE ANSWER THE FOLLOWING:

	<u>Yes</u>	<u>No</u>
1. Is deemed necessary for the public convenience at that location.	<input type="checkbox"/>	<input type="checkbox"/>
2. Is so designed, located, and proposed to be operated that the public health, safety, and welfare will be protected.	<input type="checkbox"/>	<input type="checkbox"/>
3. Is found to be generally compatible with the neighborhood in which it is proposed.	<input type="checkbox"/>	<input type="checkbox"/>
4. Will comply with the height and area regulations of the district in which it is located unless specifically granted.	<input type="checkbox"/>	<input type="checkbox"/>
5. Off-street parking and loading areas will be provided in accordance with the standards set forth in the zoning regulations, and such areas will be screened from adjoining residential uses and located so as to protect such residential use from any injurious effect.	<input type="checkbox"/>	<input type="checkbox"/>
6. Adequate utility, drainage, and other such necessary facilities have been or will be provided.	<input type="checkbox"/>	<input type="checkbox"/>
7. Should this special use be valid only for a specific time period? If yes, what length of time? _____	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT'S SIGNATURE: _____ DATE: _____

Attachments Required:

- ✓ Site plan showing existing and proposed structures on the property in question, and adjacent property, off-street parking, driveways, and other information.
- ✓ Certified list of property owners within 200 feet of property. This can be obtained from the **Osage County Mapping Department** located at 717 Topeka, Lyndon, KS.

Permit #: _____ Contractor: _____
Address: _____ Phone #: _____

Permit Requirements:

*The following requirements **must** be clearly marked in order for your permit to be submitted for review by the Planning and Zoning Administration;

- Neighboring streets
- Property lines
- All existing structures and fences with dimensions
- Dimensions of the proposed structure
- Structure permanent or non-permanent (movable)
- All set-back distances from property lines
- Height and type of fence (i.e. chain link, privacy, etc)

****The Zoning Administrator will not consider the permit unless all of the above listed requirements are included in the site sketch.**

